DECLARATION FOR PATENT APPLICATION AND

POWER OF ATTORNEY

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DUAL FUNCTION CONSOLE LAMP WITH INTEGRATED SWITCHING,

the specification of which is being transmitted herewith;

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, '1.56.

I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: David S. Bir 38,383; Bill Panagos 31,050; Larry Shelton 45,100;

Address all correspondence and telephone calls to __David S. Bir_____
at Bir Law, PLC, 45094 Middlebury Court, Canton, Michigan 48188-3215, (734) 981-5646.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor _____John M. Tiesler_____

Inventor's signature _____ Date __May 27, 2004_____

Mailing address _____37670 Maplehill Harrison Township, Michigan 48045_____

Residence _____same_____ Citizenship __U.S.A._____